

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023716

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 44

Primary Registration District No. 3016

Registrar's No. 250

STATE FILE NUMBER

FILED JUN 24 1963

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo.		c. CITY OR TOWN Clayton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Mary's Hospital		d. STREET ADDRESS (If outside, give location) 7520 Wellington Pl.	
3. NAME OF DECEASED (Type, or print) First CAMILLA Middle MARIE Last SCHWARTZ		4. DATE OF DEATH Month JUNE Day 16 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/29/13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 49
11a. FATHER'S NAME Ben F. Schwartz		11b. MOTHER'S MAIDEN NAME Clara Plassmeyer	12. CITIZEN OF WHAT COUNTRY USA
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no		14. SOCIAL SECURITY NO. 83	15. INFORMANT Joe Schwartz
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma histologic		17. ADDRESS Westphalia, Mo.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) primary site colon		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 2:00 a.m. <input type="checkbox"/> Month, Day, Year June 16/63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Westphalia, Mo.	
21. I attended the deceased from June 1/63 to June 16/63 and last saw her alive on June 16/63 Death occurred at 2:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 6-18-63	
23a. SIGNATURE Dean Q. Daylen R.D.		23b. ADDRESS Jefferson City	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/19/63	23c. NAME OF CEMETERY OR CREMATORY St. Joseph	23d. LOCATION (City, town, or county) Westphalia, Mo.
24. FUNERAL DIRECTOR Sylvester Seale		25. DATE RECD. BY LOCAL REG. 19 June 1963	
26. REGISTRAR'S SIGNATURE McRichter, Act. Reg.		27. (Licensed Embalmer's Statement on Reverse Side)	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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JN G MO.

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 1963

SEP 13 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Sylvester Dull

Licensed Embalmer No.

4321

P. O. Address

Jefferson City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.